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VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 C.F.R. 1.9(f) AND 1.27(b) - INDEPENDENT INVENTOR		Docket No.
APPLICANT OR PATENTEE:	Chaoying ZHAO	
APPLICATION OR PATENT NO.:		
FILED OR ISSUED:	MAR 19 2001	
TITLE:	Novel Pharmaceutical Composition for Treating and Saving and the Method for the Preparation Thereof	
<p>As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 C.F.R. 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in</p> <p> <input checked="" type="checkbox"/> the specification to be filed herewith the title as listed above. <input type="checkbox"/> the application listed above. <input type="checkbox"/> the patent identified above. </p> <p>I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 C.F.R. 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 C.F.R. 1.9(d) or a nonprofit organization under 37 C.F.R. 1.9(e).</p> <p>Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p> <input checked="" type="checkbox"/> No such person, concern or organization exists. <input type="checkbox"/> Each such person, concern or organization is listed below. </p> <p>Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 C.F.R. 1.27).</p> <p>I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. 1.28(b)).</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.</p>		
NAME OF INVENTOR:	Chaoying ZHAO	
SIGNATURE OF INVENTOR	<i>Chaoying Zhao</i>	
DATE:	Nov 11, 2000	
NAME OF INVENTOR:		
SIGNATURE OF INVENTOR		
DATE:		
NAME OF INVENTOR:		
SIGNATURE OF INVENTOR		
DATE:		

Patent and Trademark Office-U.S. DEPARTMENT OF COMMERCE

Please type a plus sign in this box:

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PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	Attorney Docket No.	014938.0003
	First Named Inventor	Chaoying Zhao
	COMPLETE IF KNOWN	
	Application No.	
	Filing Date	
<input checked="" type="checkbox"/> Declaration Submitted with initial filing	<input type="checkbox"/> Declaration Submitted after initial filing	Group Art Unit
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Novel Pharmaceutical Compositions for Treating and Saving and the Method for the
Preparation Thereof

(Title of the Invention)

the specification of which

☒ is attached hereto
or

☐ was filed on _____, as United States Application Number or PCT International Application
Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Claimed	Certified Copy Attached	
				YES	NO
PCT/CN99/00055	WIPO	04/16/99	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98108902.X	P.R. China	05/15/98	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Please type a plus sign in this box:

+

PTO/SB/01 (3-97)

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DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 20594

or

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label Here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☒ Customer Number 20594 or ☐ Correspondence Address below

Name	Alvin R. Wirthlin		
Address			
City, State, Zip			
Country		Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Chaoying	ZHAO

Inventor's Signature	Chaoying Zhao			Dated	Nov 11, 2000		
Residence: City	Shanghai	State		Country	P.R. China	Citizenship	P.R. China
Post Office Address	Changhai Road 170-7-602						
City	Shanghai	State		Zip		Country	P.R. China

☐ Additional inventors are being named on the _____ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Inventor ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature				Dated			
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	